

Statement of Organization
Recipient Committee

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type ☒ Initial
Not yet qualified ☐ or

5/21/02
Date qualified as committee

☐ Amendment
List I.D. number:

Date qualified as committee
(If applicable)

☐ Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp
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CITY CLERK
CITY OF LODI

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee to Elect John Beckman

STREET ADDRESS (NO P.O. BOX)

1022 Downing Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95242 (209) 327-5303

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

(209) 365-3017

COUNTY OF DOMICILE

San Joaquin

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nancy Wilkinson

STREET ADDRESS 2545 W. Turner Rd

1022 Downing Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95242 (209) 365-1195

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5-21-02
DATE

Executed on 5-21-02
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT